

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 — 1 7

2. STATE:

MO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

August 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 438

7. FEDERAL BUDGET IMPACT:

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_  
b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

See attachment

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

See attachment

*Missouri (03-17)*  
*Approved: 03/03/04*  
*Effective: 08/01/03*

10. SUBJECT OF AMENDMENT:

CMS Draft Preprint Pages to comply with the Federal Medicaid Managed Care rules.  
Attachment 2.1-A, definition of an HMO that Is Not Federally Qualified, has been removed  
and deleted from the List of Attachments on Page 1.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *Se*☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Steve Roling

14. TITLE:

Director

15. DATE SUBMITTED:

September 25, 2003

16. RETURN TO:

Division of Medical Services

PO Box 6500

Jefferson City, MO 65102-6500

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 26, 2003

18. DATE APPROVED:

MAR 03 2004

19. EFFECTIVE DATE OF APPROVED MATERIAL

AUG 01 2003

AUG 01 2003

PLAN APPROVED - ONE COPY ATTACHED

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

THOMAS W. KENZ

22. TITLE:

Associate Regional Administrator for DMCH

23. REMARKS:

**Attachment for Transmittal Number 03-17**

**Page Number of the Plan Section or  
Attachment**

**Page 1**

**Page 9**

**Page 11**

**Page 22**

**Page 41**

**Page 45(a)**

**Page 45(b)**

**Page 46**

**Page 50a**

**Page 55**

**Page 77**

**Page 78a**

**Page 10 (Attachment 2.2-A)**

**Page 10a (Attachment 2.2-A)**

**Page 11 (Attachment 2.2-A)**

**Page 2 (Attachment 4.30)**

**Page Number of the Superseded Plan  
Section or Attachment**

**Page 1**

**Page 9**

**Page 11**

**Page 22**

**Page 41**

**Page 45(a)**

**Page 45(b)**

**Page 46**

**Page 50a**

**Page 55**

**Page 77**

**Page 78a**

**Page 10 (Attachment 2.2-A)**

**New Material**

**Page 11 (Attachment 2.2-A)**

**New Material**

## LIST OF ATTACHMENTS

<u>No.</u>	<u>Title of Attachments</u>
*1.1-A	Attorney General's Certification
*1.1-B	Waivers under the Intergovernmental Cooperation Act
1.2-A	Organization and Function of State Agency
1.2-B	Organization and Function of Medical Assistance Unit
1.2-C	Professional Medical and Supporting Staff
1.2-D	Description of Staff Making Eligibility Determination
*2.2-A	Groups Covered and Agencies Responsible for Eligibility Determinations
* Supplement 1 -	Reasonable Classifications of Individuals under the Age of 21, 20, 19 and 18
* Supplement 2 -	Definitions of Blindness and Disability ( <u>Territories only</u> )
* Supplement 3 -	Method of Determining Cost Effectiveness of Caring for Certain Disabled Children at Home
*2.6-A	Eligibility Conditions and Requirements ( <u>States only</u> )
* Supplement 1 -	Income Eligibility Levels – Categorically Needy, Medically Needy and Qualified Medicare Beneficiaries
* Supplement 2 -	Resource Levels – Categorically Needy, Including Groups with Incomes Up to a Percentage of the Federal Poverty Level, Medically Needy, and other Optional Groups
* Supplement 3 -	Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid
* Supplement 4 -	Section 1902(f) Methodologies for Treatment of Income that Differ from those of the SSI Program

\*Forms Provided

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State: Missouri

Citation 42 CFR 431.12(b) AT-78-90	1.4     State Medical Care Advisory Committee	
	There is an advisory committee to the Medicaid agency director on health and medical care Services established in accordance with and Meeting all the requirements of 42 CFR 431.12.	
42 CFR 438.104	<u>  X  </u> The State enrolls recipients in MCO, PIHP, PAHP, and/or PCCM programs. The State assures that it complies with 42 CFR 438.104(c) in the review of marketing materials.	

TN #	<u>03-17</u>	Effective Date	<u>August 1, 2003</u>
Supersedes TN #	<u>Letter dated 09/26/80</u>	Approval Date	<u>MAR 03 2004</u>

# MISSOURI MEDICAID STATE PLAN

11

Revision: HCFA-PM- (MB)

State/Territory: Missouri

## Citation

- |                                                |               |                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 42 CFR<br>435.914<br>1902(a)(34)<br>of the Act | 2.1(b) (1)    | Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.                                                                  |
| 1902(e)(8) and<br>1905(a) of the<br>Act        | (2)           | For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after The end of the month which the individual is first Determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for Determination of eligibility for this group. |
| 1902(a)(47) and                                | <u>X</u> (3)  | Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for Determination of eligibility for this group.                                                                                                                                                   |
| 42 CFR<br>438.6                                | (c)           | The Medicaid agency elects to enter into a risk contract --- that complies with 42 CFR 438.6, and that is procured through an open, competitive procurement process that is consistent with 45 CFR Part 74. The risk contract is with (check all that apply):                                                                                                                                             |
|                                                | <u>      </u> | Qualified under title XIII 1310 of the Public Health Service Act                                                                                                                                                                                                                                                                                                                                          |
|                                                | <u>X</u>      | a Managed Care Organization that meets the definition of 1903(m) of the Act and 42 CFR 438.2                                                                                                                                                                                                                                                                                                              |
|                                                | <u>      </u> | a Prepaid Inpatient Health Plan that meets the definition of 42 CFR 438.2                                                                                                                                                                                                                                                                                                                                 |
|                                                | <u>      </u> | a Prepaid Ambulatory Health Plan that meets the definition of 42 CFR 438.2                                                                                                                                                                                                                                                                                                                                |
|                                                | <u>      </u> | Not applicable.                                                                                                                                                                                                                                                                                                                                                                                           |

TN # 03-17  
Supersedes TN # MS-93-5

Effective Date August 1, 2003  
Approval Date MAR 03 2004

Revision: HCFA-PM-91-  
1991

(BPD)

OMB No.: 0938-

State: Missouri

Citation 3.1(a)(9) Amount, Duration, and Scope of Services: EPSDT  
Services (continued)

42 CFR 441.60 \* X/ The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.\*\*

42 CFR 440.240 \*Managed Health Care Program – Jackson County, Missouri Only  
and 440.250 (a)(10) Comparability of Services

1902(a) and 1902 Except for those items or services for which sections  
(a)(10), 1902(a)(52), 1902(a), 1902(a)(10), 1903(v), 1915, 1925, and 1932 of the  
1903(v), 1915(g), Act, 42 CFR 440.250, and section 245A of the  
1925(b)(4), and 1932 Immigration and Nationality Act, permit exceptions:

- of the Act
- (i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
  - (ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
  - (iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.
  - (iv) Additional coverage for pregnancy-related service and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

\*\* Describe here.

Identical to those used to assure compliance with Missouri's Managed Health Care Waiver for Jackson County AFDC and AFDC-related recipients.

TN # 03-17  
Supersedes TN # 92-06

Effective Date August 1, 2003  
Approval Date MAR 05 2004

New: HCFA-PM-99-3  
JUNE 1999

State: Missouri

Citation

42 CFR 431.51  
AT 78-90  
46 FR 48524  
48 FR 23212  
1902(a)(23)  
P.L. 100-93  
(section 8(f))  
P.L. 100-203  
(Section 4113)

4.10 Free Choice of Providers

(a) Except as provided in paragraph (b), the Medicaid agency assures that an individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy person, or organization that is qualified to perform the services, including of the Act an organization that provides these services or arranges for their availability on a prepayment basis.

(b) Paragraph (a) does not apply to services furnished to an individual –

(1) Under an exception allowed under 42 CFR 431.54, subject to the limitations in paragraph (c), or

(2) Under a waiver approved under 42 CFR 431.55, subject to the limitations in paragraph (c), or

(3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act,

Section 1902(a)(23)  
Of the Social  
Security Act  
P.L. 105-33

(4) By individuals or entities who have been convicted of a felony under Federal or State law and for which the State determines that the offense is inconsistent with the best interests of the individual eligible to obtain Medicaid services, or

Section 1932(a)(1)  
Section 1905(t)

(5) Under an exception allowed under 42 CFR 438.50 or 42 CFR 440.168, subject to the limitations in paragraph (c).

(c) Enrollment of an individual eligible for medical assistance in a primary care case management system described in section 1905(t), 1915(a), 1915(b)(1), or 1932(a); or managed care organization, prepaid inpatient health plan, a prepaid ambulatory health plan, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive emergency services or services under section 1905 (a)(4)(c).

TN # 03-17  
Supersedes TN # 01-12

Effective Date August 1, 2003  
Approval Date MAR 03 2004

Revision: HCFA-PM-91-9  
October 1991

(MB)

OMB No.:

State/Territory: Missouri

Citation

1902 (a)(58)

1902(w)

4.13 (e)

For each provider receiving funds under the plan, all the requirements for advance directives of section 1902(w) are met:

- (1) Hospitals, nursing facilities, providers of home health care or personal care services, hospice programs, managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans (unless the PAHP excludes providers in 42 CFR 489.102), and health insuring organizations are required to do the following:
  - (a) Maintain written policies and procedures with respect to all adult individuals receiving medical care by or through the provider or organization about their rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
  - (b) Provide written information to all adult individuals on their policies concerning implementation of such rights;
  - (c) Document in the individual's medical records whether or not the individual has executed an advance directive;
  - (d) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;
  - (e) Ensure compliance with requirements of State Law (whether

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Effective Date August 1, 2003  
Approval Date MAR 03 2004



Revision: HCFA-PM-91-9  
October 1991

(MB)

OMB No.:

State/Territory: Missouri

statutory or recognized by the  
courts) concerning advance  
directives; and

- (f) Provide (individually or with others) for education for staff and the community on issues concerning advance directives.
- (2) Providers will furnish the written information described in paragraph (1)(a) to all adult individuals at the time specified below:
  - (a) Hospitals at the time an individual is admitted as an inpatient.
  - (b) Nursing facilities when the individual is admitted as a resident.
  - (c) Providers of home health care or personal care services before the individual comes under the care of the provider;
  - (d) Hospice program at the time of initial receipt of hospice care by the individual from the program; and
  - (e) Managed care organizations, health insuring organizations, prepaid inpatient health plans, and prepaid ambulatory health plans (as applicable) at the time of enrollment of the individual with the organization.
- (3) Attachment 4.34A describes law of the State (whether statutory or as Recognized by the courts of the State) concerning advance directives.

\_\_\_\_\_ Not applicable. No State law  
Or court decision exist regarding  
advance directives.

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Supersedes TN # 91-53

Effective Date August 1, 2003  
Approval Date MAR 03 2004

Revision: HCFA-PM-91-10 (MB)  
DECEMBER 1991

State/Territory: Missouri

Citation 4.14 Utilization/Quality Control

42 CFR 431.60 (a) A Statewide program of surveillance and  
42 CFR 456.2 utilization control has been implemented that  
50 FR 15312 safeguards against unnecessary or inappropriate  
1902(a)(30)(C) and use of Medicaid services available under this  
1902(d) of the plan and against excess payments, and that  
Act, P.L. 99-509 assesses the quality of services. The  
(Section 9431) requirements of 42 CFR Part 456 are met:

X Directly

By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO —

- (1) Meets the requirements of §434.6(a):
- (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
- (3) Identifies the services and providers subject to PRO review;
- (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
- (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.

1932(c)(2)  
and 1902(d) of the  
ACT, P.L. 99-509  
(section 9431)

X A qualified External Quality Review Organization performs an annual External Quality Review that meets the requirements of 42 CFR 438 Subpart E each managed care organization, prepaid inpatient health plan, and health insuring organizations under contract, except where exempted by the regulation

TN # 03-17  
Supersedes TN # 89-28

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